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ABSTRACT

These three papers describe a cooperative outreach program designed to counsel older rural residents about available community services through use of a door-to-door information effort. The packaging and delivery of the training conference for the outreach workers involved in the outreach project are described in the paper highlighting the work of the American Personnel and Guidance Association Division of Continuing Education. Responsibilities of the various participants, including the local community, the university community, and the Area Agency on Aging, are also outlined. Although geographically specific, these materials suggest a model for outreach services to the elderly. (JAC)

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Cooperative Services for the Rural Frail Elderly

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Margery A. Neely

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

Papers presented at the Annual Meeting of the
American Personnel and Guidance Association

April 15, 1981

St. Louis, Missouri

CG 015322

Overview and History: Cooperative Plans
and Community Organizations
Patty Lawlis, Assistant Director for Outreach
Center for Aging

Research has shown that patterns of support for the rural elderly are much different from those of the urban aged. Because small communities cannot support health and social services at the same level as metropolitan areas, and also because they are determined to remain independent of government agencies, old people in rural counties rely much more for assistance on informal social networks than do the urban elderly. At the same time, problems of arranging for transportation of the aged to rural communities are considerably more complicated than are transportation problems in larger communities.

The potential for isolation of the rural elderly is more pronounced than amoung their urban counterparts because the changing nature of rural communities in American society presents the elderly with a new social order in which to act. Various services in rural areas have declined considerably in the past twenty years or even if needed they may never have existed. Many counties do not have a doctor. Transportation services which may have existed have gone out of business. Older residents of industrialized rural communities experience financial hardships due to increased property assessment and taxation. Non-utilization of available services, immobility and an inadequate financial base may mean that older persons are homebound for considerable lengths of time; that they cannot get to a doctor and are unable to visit neighbors and friends. The out-migration of the young frequently found in rural areas compounds the problem. Rather than living in age-integrated communities which can offer a variety of experiences, the rural elderly often find themselves living in communities where in excess of 50% of the inhabitants are over the age of 60. Interdependency in a predominantly aged community takes on a different aspect. The young-old are called upon to

take more responsibility in caring for frail elderly population in a given community. As the aging process, with its associated losses, begins to restrict the mobility of the young-old, the care of the at-risk segment of the population becomes problematic. Institutionalization, in many cases inappropriate institutionalization, is a typical community response to the problem. Rather than attempt to change habits to fit into this new order, the frail elderly often withdraw from available formal services, compounding the problem of isolation.

Social and health care services for the aging are increasingly available. Planning and service areas now serve 90% of the elderly population in the United States. There is, however, a reluctance on the part of many rural elderly to utilize these services. Reasons for their reticence range from a lack of specific knowledge of available services to suspicion and mistrust of formal agencies. Many social service agencies have failed to build credibility in rural communities. New agencies often neglect to take into consideration the existing groups when planning a course of action. Rather than building on existing indigenous groups they often may exist beside them at best, and at worst wind up working against them. An inevitable result is the underutilization of services in areas where services are sparse to begin with.

Our 18 county area has a higher than national average percent of elderly, as shown on the data. Four of these counties and two towns were chosen as a pilot service area.

Our project is an outgrowth of a workshop we attended in May of 1980. The workshop was one of several conducted in each of the 10 regions of Health, Education and Welfare on the topic of counseling older people. The national project was directed by the American Personnel and Guidance Association (APGA) and funded by the Administration on Aging (AOA) to facilitate the

development of locally based, self-supported continuing education program in gerontological counseling.

Workshop participants were members of teams, designated by APGA to consist of 1 representative from state departments on aging, area agencies on aging (AAA), counselor educators and academic aging centers. We included 2 additional representatives on our team, 1 from the community mental health center and 1 from the University Division of Continuing Education because of their unique abilities to implement training programs.

APGA defined counseling as a development of working relationships which assist an individual to maintain responsibility for his/her own well-being and to foster his/her independence. Using this broad definition of counseling, we designed an outreach project to serve the needs of the elderly within our north central region of Kansas.

Our project was funded by and conducted through the North Central Flint Hills Area Agency on Aging (NCFHAAA). The project was conducted during the summer of 1980. Eleven outreach workers and outreach committees were selected from 4 rural counties and 2 small towns in which they would work. Their training period lasted 4 days.

The outreach workers went door-to-door to meet with older people who might have needed services, but did not realize the services were available to them. No new services were created; rather, the outreach workers served as linkages between the elderly and existing services.

We also organized an outreach committee for the outreach worker in each area. For the most part, the outreach committees were composed of senior center directors or personnel, nutrition site directors, AAA board members, service providers, clergy and interested community members. The committees met regularly with the outreach workers to discuss problems, to generate solutions to those problems and to identify older persons who should be contacted.

The committee members also served the function of linking the older person, once he/she was identified as needing assistance, with the appropriate service. For example, if an older person had transportation but was uncomfortable seeking assistance from a particular agency, then an outreach committee member would accompany him/her to the agency.

The committee members were respected within their communities and served as spokespersons to their neighbors about the project. The committees could proceed also with the outreach work after the funded project ended.

Responsibilities of the 5 agencies involved directly with the project varied. The NCFHAAA monitored the project. It hired the outreach workers, coordinated the relevant agencies and developed a model outreach project for future implementation in rural areas. The Kansas State University Center for Aging, Department of Administration and Foundations and Division of Continuing Education and Pawnee Comprehensive Mental Health Center coordinated the training, provided ongoing consultation and technical assistance to the NCFHAAA and to the outreach workers and assisted the AAA to develop a model project.

The project was completed successfully in September 1980 and over 1200 initial contacts were made during a 2 month period.

The outreach project is now reaching completion. Preliminary results strongly suggest that the approach taken has been highly successful. A goal had been set of contacting 100 frail elderly persons per outreach worker by the end of the project period, September 15, 1980. The workers in all six areas have exceeded that goal. As important as the number of contacts are the outcomes of those contacts. Illustrations of outcomes follow. In one county the number of new participants at the nutrition site has grown from 14-17 per month in the months preceding the pilot project to 40 during the month of July. In another county the Social and Rehabilitation Services

office has received an increased number of calls requesting homemaker services. They are now documenting the requests so as to strengthen their case for a need for additional funding for the homemaker program. In that same county, the aging transportation service has altered its routing system because it was found that the elderly in one corner of the county could better utilize the service if the changes were made. One of the small towns in which the outreach has been done is using the outreach workers' documentation of the condition of the housing of the elderly to build a case against Farmers Home Administration's denial of a loan to that community to construct an elderly housing project. Additionally, the North Central Regional Planning Commission has begun to coordinate its weatherization program's outreach with the pilot project in four of the counties. This coordinated effort has resulted in an increase in applications in those four counties. These examples illustrate the potential impact of a project of this type.

The Role of Continuing Education

Theodore W. Wischropp, Coordinator, Off-Campus Programs
Division of Continuing Education

The American Personnel and Guidance Association strongly suggested that a representative from the Division of Continuing Education be a part of any team which was to receive training at any one of the regional workshops. Our group from Manhattan was the only one which had a full complement of recommended participants and the only one to my knowledge to include a representative from Continuing Education at the Omaha workshop.

APGA was not only cognizant of the fact that each team must consist of individuals strong in the content area, but also that for a project to be carried through to fruition there must be someone familiar with various delivery systems. If projects, whether large or small, which APGA envisioned might emanate from the regional workshops, were to succeed in their mission and were to reach the desired clientele, then there must be a member of the team or some unit or agency responsible for delivery: hence, in this case, the Division of Continuing Education.

The Division of Continuing Education has been instrumental in assisting with the delivery of credit classes, both graduate and undergraduate, and non-credit workshops and conferences throughout the State of Kansas for many years. These offerings are not to be confused with cooperative extension and the fine work that they do in each of the 105 Kansas counties. In the past three years, we have begun to sponsor and conduct national conferences around the country. The most recent national conference as held at New Orleans last fall entitled "Quality In Off-Campus Offerings."

The Division of Continuing Education, which is a service and support unit of the University, is employed when there is a need to deliver information in a non-traditional way to a non-traditional audience meaning that the classroom setting may be away from the University, the class meeting times

may not coincide with the way they are handled on campus, and those receiving the information may not be the traditional 18-22 year old-students. If it sounds like the Division of Continuing Education deals with lifelong learning, you are right. I have borrowed a better definition of lifelong learning from Dr. William J. Hilton which he gave in a speech at the Annual Meeting of the Association of Adult Education of New Jersey last November. Dr. Hilton admitted that his definition relies heavily on the writings of Dr. K. Patricia Cross, who has been a leading spokesperson for this field for many years. Dr. Hilton states:

> "Lifelong learning expresses an ideal in which adult Americans, in the furtherance of their personal development and vocational goals, have the freedom to participate throughout their lifetimes in learning opportunities which are affordable, pertinent to their needs and interests, and presented at a convenient time and place."[1]

Undoubtedly, most of you will be working directly or indirectly with continuing education units in the future if you have positions in industry, state, federal or regional agencies, community colleges or universities. There is especially little doubt if one considers the growth of continuing education programs and the increasing involvement of citizens in these same programs. According to figures from the National Center for Education Statistics[2], between 1967 and 1977 the number of two- and four-year institutions offering continuing education programs increased by more than 100% from 1,110 in 1967 to 2,375 in 1977. While the figures indicate that many colleges and universities were turning their attention to outreach activities involving continuing education, it is interesting to note from the same study that enrollment during the decade was also experiencing tremendous growth. In 1967-68 there were 5.6 million individuals enrolled in adult and continuing education courses conducted by institutions of higher education in the United States. By 1977-78 the National Center reported 10.2 million enrolled.

Within the higher education sector, growth is not, as is suggested by conventional wisdom, attributable simply to the growth of the adult population. For in the years between 1967 and 1977 when continuing education enrollment expanded by 82% the NCES reported that the adult population in the United States grew by only 12.6%.

A congressional report entitled "Human Resources and Demographics," prepared by the staff of the Joint Economic Committee, sited several consequences of today's population trends, but one in particular stands out according to Linda Greenhouse of the New York Times News Service: "A decrease in the number of college-age youths will increase competition among colleges and cause them to shift their emphasis to adult education and 'livelong learning' programs."[3]

Specifically, the conference section of the Division of Continuing Education assisted with the packaging and delivery of the training conferences for the outreach workers involved in this project. There were almost 40 people involved in the June 16-17 sessions and 11 persons participated in the June 23-24 program. Whether this conference dealt with a handful of participants or several hundred, the process is similar. Meeting rooms were secured, motel rooms or dorm rooms were blocked, money was collected, bills were paid, necessary approval forms were gotten, promotion and publicity materials were developed and distributed, meals and refreshment breaks were scheduled, room configuration and needed audiovisual equipment were checked, and registration was handled. There was a conference coordinator on duty during both training conferences to handle any unforeseen items. These activities were only a part of the facilitative process for which the Division in general and the conference section in particular were responsible.

But you may ask: "Is it not possible for my group to make all of those arrangements?" Certainly--if you have enough time and effort and perseverance.

But, have you ever attended a conference that was poorly run? And can't your talents be directed toward content planning and organization rather than toward minute details?

The conference section is self-supporting; so consequently our services do cost money. But if a conference is a success and the participants are satisfied with the content (your responsibility) and the logistics (our responsibility), then it is money well spent.

There is little doubt in my mind as to why this project has been relatively successful to this point. First, we as individuals were chosen because we had an interest in and knowledge of such an undertaking; second, we represented all of the units necessary to carry out a worthwhile project; third, we could speak with authority concerning our agency's commitment without fear of being overruled; and forth, we all have a great deal of respect for each other's abilities and expertise.

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[1]"Toward a Definition of the Phrase 'Lifelong Learning,'" a speech by William J. Hilton at the Annual Meeting of the Association for Adult Education of New Jersey (AAENJ), November 18, 1980.

[2]Higher Education Daily, August 20, 1979.

[3]Manhattan Mercury, December 14, 1980.

Cooperative Training
Margery A. Neely, Professor
Counselor Education

The training of outreach workers and advisory committees was possible because of the commitment of the individuals within the AAA-APGA team. Everything planned was inextricably intertwined with that being done by others on the team and by responsibe members of others, such as a trainer for community strategies to develop linkages among agencies and trainers who described their agency services. For another example, as the counselor educator, I was responsible for training outreach workers in elementary counseling behaviors, but I participated in the total planning.

There were four days of training, two days each on two weeks. During the first two days, advisory committee members and outreach workers both participated. In the second two day segment, only the outreach workers were trained.

The training covered three areas. The first was an information base, the information that the participants needed for the nutrition project. Second was a comprehensive understanding of the backup resources that were available in the rural communities that could address needs. Third, the training focused on a skill development base.

Information base

Basic information for the participants included the Older Americans Act provisions, a description of this aging project, the nutrition component, how to coordinate community resources - indeed, how to access community resources.

Backup Resources

Backup resources were other agencies that could be called upon in the county and area, senior center operations, resource directories, and delimitations of the programs mentioned earlier in the introduction.

It does no good to find a problem that simply cannot be solved through existing services, so the delimitations were important bases.

Counseling Model: Skill Development

The team members followed the training program that the Omaha AAA-APGA workshop has used, in that basic communication skills used for INTERVIEWING were the focus. Research has shown that lay people with basic existing communication skills can successfully work with other people without extensive training. Although our participants were self-screened, they did come forward knowing what the job entailed and were local people, thus some self-screening took place.

The Kansas frail elderly population to be served is very proud and believes in the work ethic. That is, the counseling component had to be focused on the belief that people can make decisions for themselves, that rapport must be established, and that the individual has dignity. Estimating that the initial interview would be the most difficult, certain attending skills were reviewed.

Mini-lectures and video demonstrations were used to introduce topics. The four topics covered basic attending skills: attentive listening (eye contact, body language, genuineness, warmth, unconditional positive regard, facing the individual, voice tone, sensitivity to hearing problems, mannerisms). A discussion of Carkuff's model for helping (exploration, understanding, action) was given. Basic reflection (re-stating and paraphrasing) and use of open-ended questions completed the presentation. Each of these four as practiced following its introduction.

The communication aspect was important for establishment of rapport. A second section of the training project included information on identification of special problems (malnutrition, chronic brain syndrome) that were visible.

The representative of the Pawnee Comprehensive Mental Health Center taught this portion on identifying overt problems of the rural frail elderly.

Finally, the area of confidentiality in the context of advocacy was addressed in a third segment by the mental health worker.

Future Plans

The pilot project was deemed so successful that an additional project is planned to expand the project to other counties. Furthermore, a pilot project to develop a model demonstration utilizing existing volunteer agencies has been written by the AAA and Center for Aging at KSU - this project would involve similar training for paid outreach workers and for volunteers from the extensive network of Cooperative Extension Home Demonstration Units and compare the results.

References

Ganikos, M. L. (Ed.) A handbook for conducting workshops on the counseling needs of the elderly. Washington, D. C. : American Personnel and Guidance Association, 1979.

Ganikos, M. L. (Ed.) Counseling the aged: A training syllabus for educators. Falls Church, Va.: American Personnel and Guidance Association, 1979.

JW

handout

COUNSELING RURAL FRAIL ELDERLY: APGA-AAA

Outreach Program

Proposal

Purpose:

Serving the frail, vulnerable elderly and those with low income or minority background is one of the primary goals of the nutrition program and the Area Agency on Aging. Often, this is one of the most difficult goals to accomplish. These persons may not be informed of available services in conventional ways or must overcome physical, financial and/or sociological barriers in order to participate in programs which are being offered. Therefore, we must make a special effort to personally contact these persons, discover what their needs may be, refer them to appropriate services, and follow-up referrals to determine how their needs are being met.

By working with the local County Council on Aging (Commission on Aging, Task Force on Aging), Nutrition Site Managers, Senior Center/Site Council members, and Area Agency on Aging Board members, we hope to identify older persons in the county/community and link them with needed services. We want to help these persons remain independent in their own homes as long as they are able to do so.

The program will need the cooperation of C.O.A. members, nutrition site participants, AAA Board members, and leaders of local agencies and organizations so persons contacted are integrated into transportation, nutrition, senior center and other available services.

Where:

We are proposing to initiate this outreach program in the counties of Jewell, Lyon, Ottawa and Saline, and the communities of Abilene and Clay Center. The program will be presented to the County Council on Aging (or in Abilene - City Commission on Aging) for their review and comments. The C.O.A. will need to decide whether or not it wishes to participate in the outreach program.

Procedure:

The Outreach Program proposal will be presented to the local C.O.A. If the C.O.A. is willing to participate in the program, the nutrition program will advertise for an outreach worker.

The nutrition program plans to hire 2 persons in each county and one person in each community. These persons will be hired for approximately a 60-day period (June 16, 1980 - September 5, 1980). They will also receive a reimbursement of 17¢ per mile for miles traveled on-the-job. Since the Area Agency on Aging/Nutrition program is an equal opportunity employer, we must advertise this position. If there are persons on the C.O.A. who are interested in the position, we would be happy to have them apply! Or if you know of someone who may be interested, please encourage that individual to apply.

We feel very strongly that, if this outreach effort is to succeed and continue to function beyond the 60-day period, we will need more than one or two persons in the county/community committed to it. So we are proposing that a committee or a task force on outreach be formed consisting of the following persons:

Handout from Margery A. Neely, Patty Lawlis, and Theodore Wischropp,

American Mental Health Counselors Association Convention, St. Louis, April 15, 1981.

At least one Area Agency on Aging Board member
Two C.O.A. members (Abilene - both city and county?)
Nutrition Site Manager
Two Nutrition Site Council members
AAA Field Representative
Outreach Worker(s)
County Coordinator
Green Thumb Outreach Worker
Bus Driver

This Outreach committee will meet periodically to discuss progress made and problems encountered by outreach worker(s). This committee may also be involved in such tasks as identifying names of persons to be contacted, bringing persons to nutrition site/senior center initially to help them feel welcome, supervising work that outreach worker is accomplishing, and such general help as needed. This core group will have in-depth knowledge of the operation of the outreach program and will be able to continue some of the outreach effort after the 60-day period.

As the program progresses, other persons (Extension, Health Department, SRS, local ministers, Mental Health, etc.) will be included in the outreach committee meetings so we will have a widespread effort of agencies and organizations in the counties and communities.

A four day training period is planned. The training will be conducted jointly by personnel from Kansas State University, the Area Agency on Aging and the Pawnee Comprehensive Mental Health Center. These persons have knowledge and experience in communication, interview skills, needs assessment, counseling techniques, nutrition program operations, and public benefit programs. They will be able to train outreach workers in outreach methods and provide back-up for specific counseling problems. Counseling is defined as the development of working relationships which help an individual maintain responsibility for his own well-being and foster independence. It is in keeping with our over all goal.

The dates for the training have been tentatively set for June 16-17 and June 23-24 on the KSU campus in Manhattan. We would like the outreach workers and the members of the outreach committee to participate in the training on June 16-17. We will plan to go over the general procedure of the outreach program, how the members of the outreach committee and the outreach workers will interact, general outreach skills and methods, updating the local resource file, and a general explanation of the nutrition program and public benefits program.

The June 23-24 sessions will be planned specifically for the 10 outreach workers. These people will receive in-depth training on communication and interview skills, needs assessment, how to make referrals and follow-up these referrals, where and how to start, etc.

Expenses for the 4 days of training (including lodging, meals, mileage, materials, etc.) will be the responsibility of the nutrition program.

What We Hope to Accomplish:

We have set an over-all objective to have each outreach worker contact at least 100 older persons within the 60-day period.

Since the nutrition program is sponsoring the outreach program, each person contacted will receive information about the nutrition program. We hope to expand the services of the nutrition program and reach more persons in need of such services.

But also during this personal contact, we want to assess each individual's needs and inform the individual of other services which are available. We want to refer these needs to other agencies which are able to provide such services. That's why it's necessary to make this outreach program more than the effort of a single person contacting individuals.

We also hope to develop a model for an outreach program which can be implemented in the other counties in the North Central-Flint Hills area. During the years of 1981-1983, we want to initiate such a program in each county. You can provide such a model by being the first to participate in such a program.

Responsibilities of the Local Community/County:

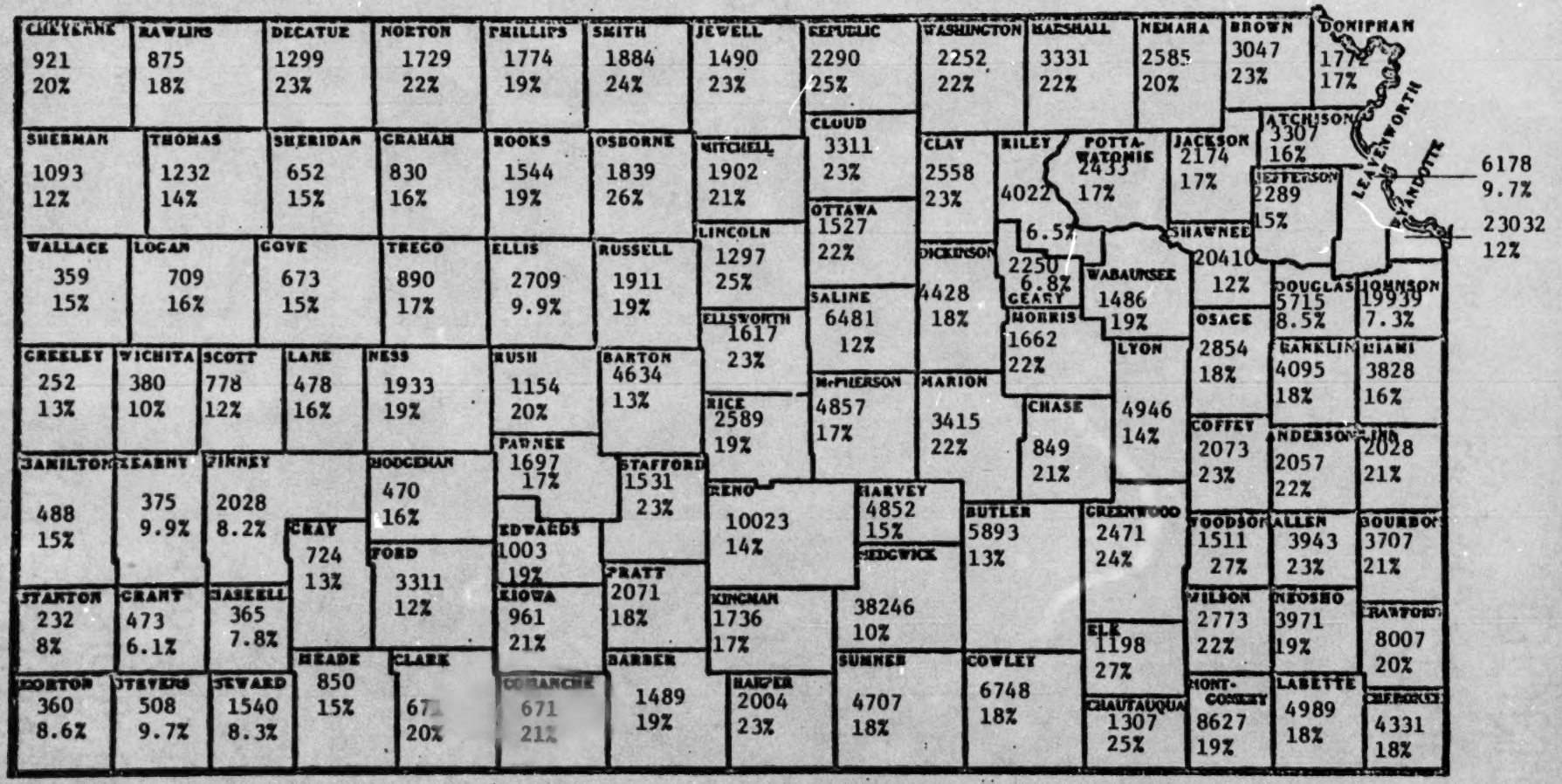
1. Help recruit outreach worker(s).
2. Form outreach committee to support for outreach worker and help link individuals with needed services.
3. Attend training provided by AAA and KSU.
4. Provide a support system which can continue outreach work after 60-day period has ended.

Responsibilities of Nutrition Program/Area Agency on Aging:

1. Provide funding for outreach worker. Hire outreach worker.
2. Provide outreach training in conjunction with KSU.
3. Meet regularly with outreach committee and outreach worker to provide support and help work through questions and problems which may be encountered.
4. Help contact local agencies and organizations to solicit interest in outreach effort.
5. Provide site manager and participants with ideas for activities, publicity and ways to welcome new people and integrate them into nutrition site/senior center.
6. Develop model for conducting a similar outreach program in other counties in the North Central-Flint Hills area.

Responsibilities of KSU:

1. Provide training to outreach workers and outreach committees in counseling and necessary skills for success of program.
2. Provide support for outreach workers when problems with communication and interviewing arise.
3. Develop evaluation tool which will assess effectiveness of outreach program.
4. Develop model for conducting a similar outreach program in other counties in the North Central-Flint Hills area and across the state of Kansas.



Projections for 1995: Number of Kansas residents aged 65 and older per county

Percentage of county population aged 65 and older

Data based on 1975 estimates of county populations

OUTREACH ADVOCATES WORKSHOP

June 16 - 17, 1980

K-State Union, Manhattan, Kansas

June 16, 1980

9:15 - 10:00 a.m.	Registration and Coffee	
10:00 - 10:30 a.m.	Welcome Introductions Description of Project	Barbara Roths Area Agency on Aging
10:30 - 11:15 a.m.	Film - After Autumn	
11:15 - 12:00 noon	An Overview of the Aging Process	Nancy Intermill KSU-Center for Aging
12:00 - 1:00	LUNCH!!	
1:00 - 2:15 p.m.	A Discussion of the Older Americans Act & the Nutrition Project as it Affects Your Community	Jim Lyon Area Agency on Aging
2:15 - 2:30 p.m.	BREAK	
2:30 - 3:00 p.m.	Focal Point Resource Directories	Jim Lyon; Rhoda Caveti Area Agency on Aging
3:00 - 4:00 p.m.	Group Discussion - Work on Resource Directories	Mark Intermill; Ginger Brookins; Patti Root; Donna Jacobson Area Agency on Aging
4:00 - 5:00 p.m.	Check into Dorms	
5:00 - 5:45 p.m.	Dinner in the Dorm	
	Evening Is On Your Own	

OUTREACH ADVOCATES WORKSHOP

June 16 - 17, 1980

K-State Union, Manhattan, Kansas

June 17, 1980

6:45 - 7:45 a.m.	Breakfast (dorm cafeteria)	
8:30 - 10:15 a.m.	A Look at Aging Services - "We're All in This Together	Mark Intermill - Area Agency on Aging; Edith Stunkel - KSU - Center for Aging
10:15 - 10:30 a.m.	Break	
10:30 - 12:00 noon	Public Benefits	Rhoda Cavett - Area Agency on Aging
12:00 - 1:00 p.m.	LUNCH	
1:00 - 2:00 p.m.	Where do we start? Planning the outreach Program in your County/Community	Mark Intermill, Ginger Brookins, Patti Root, Donna Jacobson - Area Agency on Aging
2:00 - 3:00 p.m.	Publicity	Extension
3:00 - 3:15 p.m.	Wrap-Up	Area Agency on Aging Staff

Mary ... outreach proj. 5

OUTREACH ADVOCATES WORKSHOP

June 23-24, 1980

Derby Complex, Kansas State University

Manhattan, Ks.

June 23, 1980

9:30--10:00 a.m.	Registration and Coffee	
10:00--11:00 a.m.	The Frail Elderly-- Who Are They? How Do We Find Them?	Mark Intermill Barbara Roths
11:00--12:00 noon	Confidentiality-- How Far Do We Go?	Larry Stansbury, Pawnee Comprehens Mental Health Cen
12:00 noon-1:00 p.m.	LUNCH	
1:00--2:15 p.m.	Coordinating Community Resources Referrals	Bob Shoop, Center for Community Educ
2:15-2:30 p.m.	BREAK	
2:30-4:00 p.m.	Community Organization	Bob Shoop
4:30-5:00 p.m.	Check into dorm	
5:00-5:45 p.m.	Dinner in the dorm	
	Evening is on your own	

OUTREACH ADVOCATES WORKSHOP

Derby Complex

June 24, 1980

6:45-7:45 a.m.	Breakfast (dorm cafeteria)	
8:30-10:15 a.m.	Counseling Skills	Marge Neely and Rod Goodyear--KSU Counseling Education
10:15-10:30 a.m.	BREAK	
10:30-12:00 noon	More on Counseling	Marge and Rod
12:00 noon-1:00 p.m.	LUNCH	
1:00-2:00 p.m.	Special Behavioral Problems	Larry Stansbury
2:00-3:00 p.m.	Wrap-up and Procedures Let's Get Started!	Barb Roths

Outreach
guide

Organize Committee--Appoint a chairman (preferably not an outreach worker or site manager) and talk about how often they want to meet and who else should be included on the committee

How can we identify persons to contact? What has already in the county/community?
- Tax Rolls
- Senior Citiznes' groups
- Churches
- Others---

How can we publicize the outreach programs? How can the outreach workers be identified?
- Newspapers
- Newsletters
- Nutrition site
- Senior Citizens' groups
- Extension Units
- Others---

Divide Counties into Sub-areas for outreach workers

Assign committee members to help publicize program, collect names, help develop resources

Set up meeting date around the first week or second week of July